



CISCO COLLEGE

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Employment Application

Cisco College is an equal opportunity employer
Please Type or Print in ink clearly.

Personal Data

Last Name		First Name		Middle Name	Last 4 of SSN
Present Address (Street)				(City, State, Zip)	
Type of Employment: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>				Email Address:	
Position that you are applying for:				Date Available:	
Have you ever filed an application with us before? Yes <input type="checkbox"/> No <input type="checkbox"/>				Location Preference: Cisco <input type="checkbox"/> Abilene <input type="checkbox"/>	
Are you a current/former CC employee? Yes <input type="checkbox"/> No <input type="checkbox"/>				If former employee, please state separation date:	
Will you work irregular hours? Yes <input type="checkbox"/> No <input type="checkbox"/>		Will you work weekends? Yes <input type="checkbox"/> No <input type="checkbox"/>		Preferred Hours:	
Are you related by kinship or marriage to any current employee or any member of the Board of Regents at Cisco College? Yes No					
If Yes, give name, title, & relationship: NAME: TITLE: RELATIONSHIP:					

Educational and Professional Training

High School Graduate or GED? Yes ___ No ___ If Yes, name and location of high school or GED _____						
Institute/Type of School	Name and Location of School	Dates Attended		Date Graduated	Type of Degree/Diploma	Major/Minor Fields of Study
		From	To			
Undergraduate College or Universities						
Graduate Schools						
Technical or Vocational Schools						
Special Training/ Skills/ Qualifications						
License/Certifications LVN, RN, C.P.A., etc...	Date Issued	Date expires	Issued by/Location of issuing authority (State or other authority) (City & State)			License No.

Employment History

Please list last three positions held with most recent first. Complete all applicable data. **DO NOT** refer to resume.

Name of Employer		Job Title or Position Held		Date Started	Date Left
Address			City	State	Zip
Beginning Salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month			Ending Salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month		
Supervisors Name & Title			Reason For Leaving		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			Telephone Number:		
Description of Duties					

Name of Employer		Job Title or Position Held		Date Started	Date Left
Address			City	State	Zip
Beginning Salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month			Ending Salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month		
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Address			City	State	Zip
Beginning Salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month			Ending Salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month		
Supervisors Name & Title			Reason For Leaving		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			Telephone Number:		
Description of Duties					

Explain any periods of unemployment

Skills Inventory

In order to better match your qualifications with the appropriate positions, please complete by listing the total number of years of experience or the skill level you have obtained in the following categories:

Clerical		Professional		Skilled Crafts/Maintenance	
Bookkeeping	Yrs	Accounting	Yrs	Carpentry	Yrs
Receptionist/Secretarial	Yrs	Interviewing	Yrs	Electrical	Yrs
Computer/ Word Processing	Yrs	Management	Yrs	Painting	Yrs
10 Key	Yrs			Plumbing	Yrs
				Custodial	Yrs
				Grounds keeping	Yrs

Please list any skills you may have which relate to the position for which you are applying (include U. S. Armed Forces where applicable).

Faculty Position Only:

Statement of Philosophy of Education

On a separate sheet of paper please state your education philosophy, especially as it relates to the community college.

Professional Activities and Honors

Personal References

List four persons who are **NOT** related to you, and can furnish information about your work performance. Do not repeat supervisors furnished in your employment record.

Name	Title or Occupation	Phone #	Email Address	Address

Have you ever been convicted of a felony? Yes No

If so, give year, location, and nature of conviction and disposition.

If hired, can you provide proof that you are legally entitled to work in the United States? Yes No

In compliance with federal law, all person hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification upon hire.

Cisco College is unable to sponsor applicants for work visas.

PLEASE READ CAREFULLY and SIGN BELOW

I certify that all information and statements contained in this application (and accompanying resume, if any) are true, complete, and correct to the best of my knowledge and belief. I understand that any false statements or omissions made by me in connection with my application may be grounds for rejection of my application or for dismissal after employment. If employed, I agree to abide by the policies, procedures, rules, and regulations of Cisco College. I acknowledge the College's prerogative of revising, at any time, its policies, procedures, rules, and regulations and I agree to abide and be governed by such revisions.

X _____
Signature of Applicant

X _____
Date



CISCO COLLEGE

CRIMINAL HISTORY RECORD CHECK RELEASE FORM

It is the policy of the College to obtain a criminal history record on each of its potential employees in security sensitive position*. Please sign the release form below so that we may obtain a criminal history record check.

Personal Data

Last Name	First Name	Middle Name	SS Number
Current Address (Street)		(City, St Zip)	Phone
State your Driver's License is issued			
Birth Date		Sex	

Counties of Residence Since High School:

PLEASE READ CAREFULLY and SIGN BELOW

I hereby authorize Cisco College to conduct a criminal history record check and all necessary police record inquiries to evaluate my acceptability for employment.

X _____
Signature of Applicant

X _____
Date

Return form to:

Human Resources Office
Cisco College
101 College Heights
Cisco, Tx 76437

Cleared Criminal History Record

Date Checked: _____

Done by: _____

(The above data, i.e., sex and birth date, will not be used for employment purposes, but only for identification purposes when the criminal history record check is conducted. A report showing a record of a conviction will not automatically eliminate an individual from employment consideration or offer of a contract, but it may do so. The College will examine the date and nature of the offense, the severity of the offense, and its relation to the employment position sought.)

*Security sensitive positions include all positions which require employees to handle currency, have access to a computer terminal, have access to a master key, or to work in security-sensitive areas.

DISCLOSURE AND AUTHORIZATION FOR BACKGROUND REPORTS

Fair Credit Reporting Act Disclosure

Cisco College, including its parents, subsidiaries, affiliates, and agents (“COMPANY”) may obtain a consumer report on you for Employment purposes. This report may be in the form of a consumer report and/or an “investigative consumer report.” An investigative consumer report includes information as to your character, general reputation, personal characteristics and mode of living which can involve personal interviews with sources such as your neighbors, friends, or associates. Consumer Reports may include information regarding your credit history, criminal history, identity verification, motor vehicle records (“driving records”), verification of your education or employment history, worker’s compensation injuries, or other background checks. Credit history will only be requested if such information is substantially related to the duties and responsibilities of the employment position. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by Choice Screening, 8668 Concord Center Dr., Englewood, CO 80112, 1-877-929-7878, www.choicescreening.com.

These reports may be obtained at any time after the COMPANY receives authorization from you, including any time during the period of your employment or contract if the COMPANY hires or contracts with you or if you already work or contract for the COMPANY.

CHOICE SCREENING, or another consumer reporting agency, will obtain the reports on you.

Authorization

USA Applicants Only: I acknowledge receipt of the attached A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand the document.

Applicants with Personal Data from Outside the USA only: I acknowledge receipt of the attached DATA PRIVACY NOTICE and certify that I have read and understand the document.

I hereby authorize the COMPANY or its authorized agents, for Employment purposes, to obtain or prepare consumer report(s) and investigative consumer report(s) at any time after the COMPANY receives this authorization, including any time that I may be employed by or in contract with the COMPANY.

I hereby authorize law enforcement agencies, public and private schools, federal, state and local agencies and courts, credit bureaus, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military, and other individuals and entities to provide any and all information that is requested by CHOICE SCREENING, 8668 Concord Center Dr., Englewood, CO 80112, 1-877-929-7878, or other consumer reporting agencies or the COMPANY. In accordance with the host nation’s laws and the laws applicable to me depending on my location regarding the release of information, I authorize the release and transmittal of information from any country to the above listed parties, the clients, and/or their agents or vendors located in any country, including countries outside the European Union that may have a different level of data protection or inadequate data protection laws as defined by the European Commission. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Applicant/Employee Name (Printed): _____

Applicant/Employee Signature: _____ **Date:** _____

STATE SUMMARY OF RIGHTS

Cisco College, including its parents, subsidiaries, affiliates, and agents (“COMPANY”) uses consumer reports for employment purposes. The consumer reporting agency COMPANY uses is: **Choice Screening | 8668 Concord Center Dr. | Englewood, CO 80112 Toll Free: 1-877-929-7878. Information describing its privacy practices can be reviewed at: <https://www.choicescreening.com/privacy-policy>.**

- If you are applying for employment or live in one of the following states: **California, Minnesota, or Oklahoma** and would like to request a copy of your Consumer Report please check the box.

- If you are applying for employment or live in any states not listed and would like to request a copy of your Consumer Report please check the box.

California, Connecticut, Maryland, Oregon, Vermont and Washington State Applicants Only (AS APPLICABLE): I understand that COMPANY will not obtain information about my credit history, credit worthiness, credit standing, or credit capacity unless: (i) the information is required by law; (ii) I am seeking employment with a financial institution (California, Connecticut and Vermont only — in California the financial institution must be subject to Sections 6801-6809 of the U.S. Code and in Vermont it must be a financial institution as defined in 8 V.S.A. § 11101(32) or a credit union as defined in 8 V.S.A. § 30101(5)); (iii) I am seeking employment with a financial institution that accepts deposits that are insured by a federal agency, or an affiliate or subsidiary of the financial institution or a credit union share guaranty corporation that is approved by the Maryland Commissioner of Financial Regulation or an entity or an affiliate of the entity that is registered as an investment advisor with the United States Securities and Exchange Commission (Maryland only); (iv) I am seeking employment in a position which involves access to confidential financial information (Vermont only); (v) I am seeking employment in a position which requires a financial fiduciary responsibility to the employer or a client of the employer, including the authority to issue payments, collect debts, transfer money, or enter into contracts (Vermont only); (vi) COMPANY can demonstrate that the information is a valid and reliable predictor of employee performance in the specific position being sought or held; (vii) I am seeking employment in a position that involves access to an employer’s payroll information (Vermont only); (viii) the information is substantially job related, and the bona fide reasons for using the information are disclosed to me in writing, (Connecticut, Maryland, Oregon and Washington only); (ix) I am seeking employment as a covered law enforcement officer, emergency medical personnel, firefighter police officer, peace officer or other law enforcement position (California, Oregon and Vermont only - in Oregon the police or peace officer position must be sought with a federally insured bank or credit union and in Vermont the law enforcement officer position must be as defined in 20 V.S.A. § 2358, the emergency medical personnel must be as defined in 24 V.S.A. § 2651(6), and the firefighter position must be as defined in 20 V.S.A. § 3151(3)); (x) the COMPANY reasonably believes I have engaged in specific activity that constitutes a violation of law related to my employment (Connecticut only); (xi) I am seeking a position with the state Department of Justice (California only); (xii) I am seeking a position as an exempt managerial employee (California only); and/or (xiii) I am seeking employment in a position (other than regular solicitation of credit card applications at a retail establishment) that involves regular access to all of the following personal information of any one person: bank or credit card account information, social security number, and date of birth., I am seeking employment in a position that requires me to be a named signatory on the employer’s bank or credit card or otherwise authorized to enter into financial contracts on behalf of the employer, I am seeking employment in a position that involves access to confidential or proprietary information of the Company or regular access to \$10,000 or more in cash (California only).

Notice to California Applicants: You have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in your file for your review. You may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. You can have someone accompany you to the Agency's offices. Agency may require this third party to present reasonable identification. You may be required at the time of such visit to sign an authorization for Agency to disclose to or discuss your information with this third party; 2) By certified mail, if you have previously provided identification in a written request that your file be sent to you or to a third party identified by you; 3) By telephone, if you have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in your file to you and if the file contains any information that is coded, such will be explained to you.

Notice to New York Applicants: For consumers applying for work in New York: I acknowledge receiving a copy of Article 23-A of the New York Correction Law _____ (Initials).

Notice to Washington Applicants: You have the right if the report is provided to an employer in the State of Washington, to contact the following office for more information regarding your rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

By signing below, I acknowledge receipt of this state summary of rights.

Applicant/Employee Signature: _____ **Date:** _____